

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 0 3

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

February 1, 2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 450.32

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (887.00)

b. FFY 2001 \$ (2176.54)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 3, p 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same (TN 95-45)

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce the reimbursement for
laboratory and x-ray services by seven percent (7%). Implementation is necessary to avoid a
budget deficit in the state Medicaid Program.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does
not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John L. Gour

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 24, 2000

16. RETURN TO:

State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
P.O. Box 91030
Baton Rouge, LA 70821-9030

17. DATE RECEIVED:

MARCH 31, 2000

19. EFFECTIVE DATE OF APPROVED MATERIAL:

FEBRUARY 1, 2000

21. TYPED NAME:

CALVIN G. CLINE

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B

Item 3., Page 1

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES. OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>Medical and Remedial</u>	<u>Other Laboratory and X-ray Services in a Setting Other Than a</u>
42 CFR	Care and Services	<u>Hospital Outpatient Department or Clinic Are Reimbursed as</u>
450.32	Item 3.	<u>Follows:</u>

I. Method of Payment

A. Payment for laboratory services is made on the basis of the lower of:

1. billed charges; or
2. Ninety-three percent (93%) of the State maximum amount (based on 1995 State payment methodology using 85% of Medicare fee schedule) which was in effect as of January 31, 2000.

B. Payment for mobile X-ray services is made at ninety-three percent (93%) of the flat fee amounts (based on a range of 86%-92% above the fees for free-standing x-rays) in effect as of January 31, 2000.

II. Standards for Payment

Payment as indicated above will be made for professional and technical services provided by an independent laboratory (other than a hospital outpatient department or clinic) which is qualified to participate under Title XVIII of the Social Security Act, or is currently determined to meet the requirements for such participation.

For obstetrical and pediatric laboratory codes and applicable rates, see Item 5.

SUPERSEDES: TN# LA 95-45

A	
STATE <u>Louisiana</u>	
DATE REC'D <u>3/31/00</u>	
DATE APP'D <u>5/17/01</u>	
DATE EFF <u>2/1/00</u>	
HCFA 179 <u>LA-00-03</u>	

LA-00-03 Approval Date 5/17/01 Effective Date 2/1/00

Supersedes

TN# LA 95-45